

Substitute for Form PTO-875

Application for a Small unpowered aircraft  
 10.028705

(Column 1)

		(Column 1)	(Column 2)
FOR		NUMBER FILED	NUMBER EXTRA
BASIC FEE (27 CFR 1.16(a))			
TOTAL CLAIMS (27 CFR 1.16(b))	29	minus 20 =	.
INDEPENDENT CLAIMS (27 CFR 1.16(d))		minus 3 =	.
MULTIPLE DEPENDENT CLAIM PRESENT.			(27 CFR 1.16(e))

\* If the difference in column 1 is less than zero, enter "V" in column 2.

October 11

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total of CFR 1.1242	27	None	20		
Independent of CFR 1.1242	6	None	8		

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1242)

4.18.06

### SMALL ENTITY

DATE	ADDITIONAL FEE
NY 95	
NY 100	
NY 180	
TOTAL ADDL FEE	



**OTHER THAN  
SMALL ENTITY**

STREET FROM SMALL ENTRY	
RATE	ADDITIONAL FEE
x 50	
x 200	
+ 360	
TOTAL	

**Column 1**

AMENDMENT #	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total (of CTR Lines)	21	None	29		0
Independents of CTR Lines	5	None	8		0

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (BY CTR LINES)

RATE	ADD
------	-----

RATE	ADDITIONAL FEE
25	
100	
180	
TOTAL	
ADD. FEE	

1

DATE	AMOUNT
1/1/58	100.00
2/1/58	100.00
3/1/58	100.00
4/1/58	100.00
5/1/58	100.00
6/1/58	100.00
7/1/58	100.00
8/1/58	100.00
9/1/58	100.00
10/1/58	100.00
11/1/58	100.00
12/1/58	100.00
1/1/59	100.00
2/1/59	100.00
3/1/59	100.00
4/1/59	100.00
5/1/59	100.00
6/1/59	100.00
7/1/59	100.00
8/1/59	100.00
9/1/59	100.00
10/1/59	100.00
11/1/59	100.00
12/1/59	100.00
1/1/60	100.00
2/1/60	100.00
3/1/60	100.00
4/1/60	100.00
5/1/60	100.00
6/1/60	100.00
7/1/60	100.00
8/1/60	100.00
9/1/60	100.00
10/1/60	100.00
11/1/60	100.00
12/1/60	100.00
1/1/61	100.00
2/1/61	100.00
3/1/61	100.00
4/1/61	100.00
5/1/61	100.00
6/1/61	100.00
7/1/61	100.00
8/1/61	100.00
9/1/61	100.00
10/1/61	100.00
11/1/61	100.00
12/1/61	100.00
1/1/62	100.00
2/1/62	100.00
3/1/62	100.00
4/1/62	100.00
5/1/62	100.00
6/1/62	100.00
7/1/62	100.00
8/1/62	100.00
9/1/62	100.00
10/1/62	100.00
11/1/62	100.00
12/1/62	100.00
1/1/63	100.00
2/1/63	100.00
3/1/63	100.00
4/1/63	100.00
5/1/63	100.00
6/1/63	100.00
7/1/63	100.00
8/1/63	100.00
9/1/63	100.00
10/1/63	100.00
11/1/63	100.00
12/1/63	100.00
1/1/64	100.00
2/1/64	100.00
3/1/64	100.00
4/1/64	100.00
5/1/64	100.00
6/1/64	100.00
7/1/64	100.00
8/1/64	100.00
9/1/64	100.00
10/1/64	100.00
11/1/64	100.00
12/1/64	100.00
1/1/65	100.00
2/1/65	100.00
3/1/65	100.00
4/1/65	100.00
5/1/65	100.00
6/1/65	100.00
7/1/65	100.00
8/1/65	100.00
9/1/65	100.00
10/1/65	100.00
11/1/65	100.00
12/1/65	100.00
1/1/66	100.00
2/1/66	100.00
3/1/66	100.00
4/1/66	100.00
5/1/66	100.00
6/1/66	100.00
7/1/66	100.00
8/1/66	100.00
9/1/66	100.00
10/1/66	100.00
11/1/66	100.00
12/1/66	100.00
1/1/67	100.00
2/1/67	100.00
3/1/67	100.00
4/1/67	100.00
5/1/67	100.00
6/1/67	100.00
7/1/67	100.00
8/1/67	100.00
9/1/67	100.00
10/1/67	100.00
11/1/67	100.00
12/1/67	100.00
1/1/68	100.00
2/1/68	100.00
3/1/68	100.00
4/1/68	100.00
5/1/68	100.00
6/1/68	100.00
7/1/68	100.00
8/1/68	100.00
9/1/68	100.00
10/1/68	100.00

	RATE	ADDITIONAL FEE
OR XL	50	0
OR XL	100	0
OR XL	340	0
OR TOTAL		0

## October 11

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLASS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total of CFA 1990		None	
Individual CFA 1990		None	

FIRST PRESENTATION OF MULTIPLE COPIES OF CLASS BY CFA 1990

DATE	ADD
------	-----

RATE	ADDITIONAL FEE
25	
100	
180	
TOTAL	
ADDS FEE	

1

<b>RATE</b>	<b>AD</b>
-------------	-----------

RATE	ADDITIONAL PER
50	
100	
860	
TOTAL	

\* If the entry in column 1 is less than the entry in column 2, enter "1" in column 3.  
\* If the "Financial Statement Preparation Field" is true, enter "1" in column 3.  
\* If the "Financial Statement Preparation Field" is false, enter "0" in column 3.

\* If the entry in column 4 is less than the entry in column 2, write "X" in column 3.  
 \*\* If the "Total Number Previously Paid For" in THIS SPACE is less than 25, enter "0".  
 \*\*\* If the "Total Number Previously Paid For" in THIS SPACE is less than 5, enter "1".  
 The "Total Number Previously Paid For" (Total or Indefinite) in the "Total Number Paid" in the appropriate box in column 4.  
 The collection of information is required by 37 CFR 1.116. The information is required to obtain or retain a benefit by the public which is to the best of the  
 (USPTO to protect) an application. Duplication is governed by 35 U.S.C. 422 and 37 CFR 1.114. This collection is necessary to take 12 minutes to complete,  
 including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments  
 on the burden of this new report to complete the form and other suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent  
 and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22304-0450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS  
 ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22304-0450.

If you need assistance in completing the form, call 1-800-870-8119 and select option 2.

BEST AVAILABLE COPY